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## CAMPAIGN FINANCE DIVISION

☒ **WAIVER REQUEST**  
☐ **RECONSIDERATION REQUEST**

**DATE: 5/26/2021**

**DOCKET #:**

### FILER INFORMATION

Name: Doris White  
Office: Mayor, Town of Cullen  
Parish: WEBSTER  
Election Date: 11/3/2020  
Level of Office: Any

### REPORT INFORMATION

Name of Report: 10-P  
Original Due Date: 10/26/2020  
Date Filed: 11/6/2020  
Activity Receipts: \$1,000.00  
Expenditures: \$723.00  
Funds at Close of Reporting Period: \$59.50

### LATE FEE INFORMATION

Amount of Late Fee: \$440  
Days Late: 11  
Late Fee Order Received:  
Payment/Waiver Request Due Date: 1/1/3000  
Waiver Request Received:  
Additional Information Requested:

- Medical
- Financial - DOCUMENTATION PROVIDED
- Other

**COMMENTS:** Candidate submitted waiver by fax and states that the Corona Virus had struck her and her family. The dates of the qualifying changed for the office of Mayor and the lack of knowledge of filing was different of that of an Alderman. She said she did not fully understand what paperwork needed to be completed. She asked for consideration due to her financial hardship.

### OTHER LATE FEE INFORMATION

#### Campaign Finance:

Other Outstanding Reports: No  
Other Outstanding Late Fees: No  
Prior Late Fees: Yes  
Reassessed Late Fees: No

#### Disclosure Statements:

Other Outstanding Late Fees: No  
Prior Late Fees: No

Doris Crow White  
P.O. Box 201; 205 Paffard St.  
Cullen, Louisiana 71021  
12/29/2020

Louisiana Board of Ethics  
P.O. Box 4368  
Baton Rouge, La 70821

Dear Melissa,

I am submitting, in writing, a request for a waiver to the Louisiana Board of Ethics, asking the Board of Ethics to waive the late fees assessment of \$440.00 for being late 11 days on filing my 10-P Campaign Finance Disclosure Report.

During these times the Corona Virus had struck me and my family, the dates to qualify had changed for the Office of Mayor, and the lack of knowledge of filing was different of that of an alderman. I did not fully understand what paper work needed to be filled out and returned since the primary had just ended on July 11, 2020.

I did not intentionally try to not follow the guidelines. I have called several times since then to make sure I was filling my paper work correctly and on time.

Please take in consideration the financial hardship and the relief it would bring at this time.

Please except my apologies and consider my request for a waiver.

Thank you very much,

Sincerely,  
Doris Crow White

**STATE OF LOUISIANA LOUISIANA BOARD OF ETHICS**  
**acting in its capacity as the**  
**SUPERVISORY COMMITTEE ON CAMPAIGN FINANCE DISCLOSURE**

**In Re:       Doris White**  
**November 3, 2020 Election**

**LATE FEE ASSESSMENT ORDER**

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**WHEREAS**, Doris White, in her capacity as a candidate for Mayor, Town of Cullen in the November 3, 2020 election was required to file campaign finance reports pursuant to La. R. S. 18:1484.

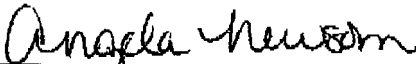
**WHEREAS**, La. R.S. 18:1505.1 provides that it is a violation of the Campaign Finance Disclosure Act to fail to timely file campaign finance reports.

**WHEREAS**, in accordance with La. R.S. 18:1495.4B(4), Doris White was required to file a 10th Day Prior to Primary Report (10-P) by October 26, 2020. Doris White filed the report on November 6, 2020 and was 11 days late.

**WHEREAS**, La. R.S. 18:1505.4A(2)(a)(iii) provides that an automatic late fee of \$40 per day (not to exceed \$1,000) be assessed against Doris White for this late filing.

**ACCORDINGLY, IT IS ORDERED** that a late fee of \$440 is assessed against Doris White for failure to timely file her campaign finance disclosure report.

**ORDER** signed on the 7th day of December 2020 at Baton Rouge, Louisiana.

  
\_\_\_\_\_  
Angela Newsom, Director  
Campaign Finance & Lobbying Division

December 29, 2020

TO: Louisiana Board of Ethics  
P.O. Box 4368  
Baton Rouge, Louisiana 70821  
Fax (225) 381-7271

FROM: Doris Crow White  
P.O. Box 201  
205 Pafford Street  
Cullen, Louisiana 71021  
(318) 382-5911

RE: Late fee assessment for November 3, 2020  
Election 10-P Campaign Finance Disclosure  
Report filed 11 days late.  
Asking for a waiver.



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12/29/2020 9:56 AM

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STATE OF LOUISIANA  
DEPARTMENT OF STATE CIVIL SERVICE  
**LOUISIANA BOARD OF ETHICS**  
P. O. BOX 4368  
BATON ROUGE, LA 70821  
(225) 219-5600  
FAX: (225) 381-7271  
1-800-842-6630  
[www.ethics.la.gov](http://www.ethics.la.gov)

January 7, 2021

Doris White  
P. O. Box 201  
Cullen, LA 71021

**RE: Ethics Board Docket No.: 2021**

Dear Doris White:

You recently requested a waiver of the late fee assessed against you for filing your campaign finance disclosure report late in connection with the November 3, 2020 election. In the request, you stated that the paying the fines would be a financial hardship. If you would like the Board to consider your financial situation, you must provide documentation verifying your claim. Please complete the enclosed form and return it along with your most recent W-2 or tax return. The information you provide will only be reviewed by the Ethics Board.

Should you have any questions, please contact me at the above number.

Please submit the documentation to the above address by **February 9, 2021**.

Sincerely,

**Melissa Horn**

Docket ID: 2021

Financial Statement for Doris White (Filer Name)

Married: ☐ Yes ☐ No

Spouse's name (if applicable): \_\_\_\_\_

Name	Age	Relationship	Contributes to household income?
Dependents (include claimed dependents and other persons living in your household):			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No

Employment of Filer and Spouse

Filer / Spouse	Name of Employer	Occupation	Frequency of Payment (weekly, monthly, etc.)	Ownership Interest in Employer? If "Yes", percentage of ownership, type of business (ie: sole proprietorship, C corporation, subchapter S, LLC, etc), and position with company (ie: officer, director, partner, etc.)
<input type="radio"/> Filer <input type="radio"/> Spouse				<input type="radio"/> Yes % ownership: _____ <input type="radio"/> No Business Type: _____ Position: _____
<input type="radio"/> Filer <input type="radio"/> Spouse				<input type="radio"/> Yes % ownership: _____ <input type="radio"/> No Business Type: _____ Position: _____
<input type="radio"/> Filer <input type="radio"/> Spouse				<input type="radio"/> Yes % ownership: _____ <input type="radio"/> No Business Type: _____ Position: _____
<input type="radio"/> Filer <input type="radio"/> Spouse				<input type="radio"/> Yes % ownership: _____ <input type="radio"/> No Business Type: _____ Position: _____

Cash and Investments over \$1,000 (select all that apply): ☐ Cash ☐ Checking ☐ Savings ☐ MoneyMarket ☐ CD

Property in which own or are buying (if additional space is needed, include as an attachment)

Property description (residential, commercial, farmland, investment, etc.)	Location (parish/county and state)

Required Attachments:

- Monthly Household Income/Expense Form
- Copy of most return tax return/schedules filed by filer, spouse and/or business
- Most recent bank statements for checking and savings disclosing balance of accounts

I hereby certify that the above-provided information and attachments are true and correct to the best of my knowledge, information and belief.

Signature \_\_\_\_\_

Date \_\_\_\_\_

# MONTHLY HOUSEHOLD INCOME/EXPENSE FORM for \_\_\_\_\_ (Filer Name)

## Monthly Household Income

Income Type		Monthly Amount
Filer	Gross Wages	
	Social Security	
	Pension	
	Other Income	
	Withholdings	
Spouse	Gross Wages	
	Social Security	
	Pension	
	Other Income	
	Withholdings	
Dependents	Contribution to Household Income	
Interest/Dividends/Distributions from Investments		
Rental Income		
Income from Business		
Child Support		
Alimony		
<b>Total Monthly Income</b>		

## Monthly Household Expenses

Expense Type		Monthly Amount
Housing (mortgage or rent)		
Vehicle (loan or lease)		
Public Transportation Costs		
Health Insurance		
Court-ordered expenses		
Student loans		
Other Loans - provide description		
Utilities		
Food, personal products, etc.		
Childcare		
Other Expenses (Provide Description)		
<b>Total Monthly Expenses</b>		